

RECEIVED  
CENTRAL FAX CENTER

SEP 07 2005

PTO/SB/22 (12-04)

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional)																		
<b>FY 2005</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		021630-004900US																		
Application Number 10/658,074		Filed September 8, 2003																		
For FLUID MIXING APPARATUS AND METHOD																				
Art Unit 1723		Examiner Soohoo, Tony G.																		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="1"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Fee</u></th> <th style="text-align: center;"><u>Small Entity Fee</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$225</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$510</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$795</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1080</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>				<u>Fee</u>	<u>Small Entity Fee</u>	<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
	<u>Fee</u>	<u>Small Entity Fee</u>																		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60																		
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225																		
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510																		
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795																		
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080																		
I am the	<input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>42,396</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____																			
<u><i>Nathan S. Cassell</i></u> Signature		<u>7 September 2005</u> Date																		
<u>Nathan S. Cassell, Reg. No. 42,396</u> Typed or printed name		<u>650-326-2400</u> Telephone Number																		
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>																				
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.																				

60680870 v1

09/12/2005 SSESHE1 00000147 201430 10658074

01 FC:1253 1020.00 DA

PAGE 3/16 \* RCVD AT 9/7/2005 5:57:24 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-6/27 \* DNIS:2738300 \* CSID:16503262422 \* DURATION (mm:ss):04:18

 09/08/2005 SSESHE1 00000147 201430 10658074  
 01 FC:1253 1020.00 DA